GUERNSEY/

REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1908.

RAPPORT DE L'OFFICIER DE LA SANTÉ PUBLIQUE.

Letter from the President of the Board.

States Office, Guernsey, 20th March, 1909.

Sir,

I have the honour to present the tenth Annual Report of the Medical Officer of Health for the year 1908.

This report was approved by the Board of Health at its meeting held on the 12th inst., when it was resolved that, with your permission, it should be printed as an Appendix to the "Billet d'Etat," and that a certain number of copies (say 100) be struck off for distribution in the usual way.

I am, Sir, &c., &c.,

JOHN N. BROUARD,
President of the Board of Health.

William Carey, Esq.,
Bailiff.

REPORT FOR 1908.

Amount of sunshine recorded in 1908—1,932·9 hours. Average amount of sunshine recorded for past 15 years—1,917 hours. Rainfall, 26·22 inches Average, 36·5 inches.

POPULATION.

The increase of births over deaths for the year was 414 and the estimated population at the middle of the year, 43,780.

In the eighty years, 1821—1901, the increase of the population was 106·7 per cent. The increase for Jersey for the former period was 83·8 per cent.

The total number of persons in Guernsey at the last census classed as "Lunatic, Imbecile and Feeble Minded," was 119 (55 males, 64 females), a percentage of 2·7 ; in Jersey the number was 307 (131 males, 176 females), a percentage of 5·8, but in Jersey there is a large private asylum which probably receives patients from the mainland, whilst in Guernsey a certain small number of insane persons are sent to other asylums for detention ; still the difference in figures is a very striking one.

The Board of Health, after careful consideration of the Alien question, have unanimously resolved to approach the Royal Court with a view to obtain medical inspection of foreign immigrants, and also to have the further powers of the English Aliens' Act enforced here by law. Such a law will be a valuable means of preventing the influx of foreign undesirables, of which I made mention in my last report.

Table I. (Incorp. Soc. of M. O. H., 1900 (for Whole District).

YEAR.	Population estimated to middle of each year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES.	
		Number.	Rate per 1,000.	Number.	Rate per 1,000 registered.	Number.	Rate per 1,000.
Column ...	1	2	3	4	5	6	7
1898.........	38,415	1,161	30·22	194	167·0	705	18·35
1899.........	39,072	1,121	28·69	151	134·7	666	17·04
1900.........	39,703	1,011	25·46	145	143·4	624	15·72
1901.........	40,300	1,096	27·20	190	171·3	699	17·34
1902.........	40,550	1 128	27·80	161	142·7	657	16·20
1903.........	41,050	1,120	27·28	112	100·0	597	14·54
1904........	41,710	1,144	27·42	181	158·2	690	16·54
1905.........	42,220	1,129	27·10	155	135·0	644	15·20
1906.........	42,730	1,112	26·00	154	138·4	588	13·70
1907.........	43,150	1,068	24·75	123	115·1	606	13·83
Averages for ten years, 1898-1907.	40,890	1,109	27·19	156	140·5	647	15·84
1908.........	43,730	1,005	23·00	131	131	591	13·30

BIRTHS.

The number of births registered was 1,005 (533 males and 472 females), a rate of 23, again a lower rate than before recorded, last year's rate being 24·7; the average for the preceding 10 years was 27·19.

The birth rate of England and Wales for 1908 was 26·5, but excluding the 218 larger towns it was 26·2.

The number of still births was 51, a proportion to live births of almost 5 per cent.

The number of illegitimate births was 43, a percentage to the total number of births of about 4·3.

DEATHS.

There were 591 deaths during the year, a corrected rate of 13·3 per 1,000.

If we divide the figures of the years from 1897 into three periods, we find the following average death rates:—

1897—1901	17·4.
1902—1906	15·2.
1904—1908	14·5.

These figures must be regarded as highly satisfactory, especially as the average death rate in Jersey for the years 1902—1906 was 16·7 per 1,000, a difference of 1·5; had Guernsey had in this period a death rate as high, there would have been 320 deaths more than there were.

The figures for the towns of St Helier and St. Peter-Port are still more diverse, that of the former for the five years 1903—1907 being 18·52, that of the latter 15, a difference of 3·52 per 1,000 in favour of St. Peter-Port.

The rate for St. Peter-Port was 13, that for the country parishes 13·89.

Of the 591 deaths, 223 were those of persons of over 66 years of age; the average of the past five years is 180; this is a marked increase in longevity.

In the public institutions of the Island the number of deaths occurring was as follows:—

Town Hospital	44
Town Asylum	4
Country Hospital	24
Country Asylum	1
Victoria Cottage Hospital	12
King Edward Sanatorium	6

The deaths of 131 children under the age of one year were recorded, a rate per 1,000 births of 131. The rates for St. Peter-Port, S. Sampson's, Vale and the other Country Parishes are respectively: 120—208—111—111.

As is usual S. Sampson's shows the highest rate, the figure recorded, 208, being an exceedingly high one.

This is in great measure due to a widespread and fatal epidemic of Whooping Cough in the north of the Island during the earlier part of the year; indeed 41 deaths are registered as due to this cause, 25 of which were those of infants of under 12 months old.

The infantile deaths from Pneumonia and Bronchitis are also very high, 26 as compared with 12 in 1907, this excess being probably due to Whooping Cough. St. Sampson's suffered more severely than the Vale, hence the large excess in its mortality.

Whooping Cough, like Measles, tends to recur every two or three years in outbreaks which spread very rapidly. Pecuniary considerations prevent hospital isolation of it; but if such were possible, particularly at the commencement of an epidemic, a large decrease in the mortality and suffering amongst the poorer classes would be avoided.

The long continuance of the paraxysmal cough both night and day is a severe tax upon the strength of parents whose daily work is long and laborious.

Epidemic Enteritis or Summer Diarrhœa only caused six deaths throughout the Island, a very small number when we consider how dry the summer was.

The death rate in 1908 for England and Wales minus the 218 larger towns was 13·8, and the infantile death rate 110 compared with our 131.

Our great blot is our infantile mortality when contrasted with that of a large rural district, Chelmsford, where in the years 1879 to 1888 the rate was 92, and in 1899 to 1908 only 80·5, our average during the latter period, 140·5, is exceeding high.

I should imagine the number of breast-fed children in that district is as much above the average as ours is below it.

Our general death rate will, I am confident, continue to fall in the future, as it should be a lower one than it is now.

No death was registered in which a medical certificate or Act of Court was not produced, and the new law of registration has not seemed to increase the number of inquests held.

Table II.

RETURN OF BIRTHS AND DEATHS REGISTERED DURING THE YEAR 1908.

BIRTHS.

PARISH LETTER:	*A*	*B*	*C*	*D*	*E*	*F*	*G*	*H*	*I*	*K*	Tl.
Males	196	79	81	50	17	24	4	12	40	30	533
Females	170	84	63	38	21	20	10	15	38	13	472
Totals	366	163	144	88	38	44	14	27	78	43	1,005

DEATHS.

General Diseases and Injuries.

Diseases of the Blood.

Gout	1	–	–	–	–	1	–	–	–	–	2
Lymphangitis	1	–	–	–	–	–	–	–	–	–	1
Mollities Ossium	–	1	–	–	–	–	–	–	–	–	1
Myxœdema	–	–	–	1	–	–	–	–	–	–	1
Purpura	–	–	–	1	–	–	–	–	–	–	1
Rachitis	–	–	–	1	–	–	–	–	–	–	1
Reynaud's Disease	1	–	–	–	–	–	–	–	–	–	1
Rheumatism	–	–	–	–	–	–	–	–	1	–	1
Carried forward	3	1	0	3	0	1	0	0	1	0	9

PARISH LETTER:	*A*	*B*	*C*	*D*	*E*	*F*	*G*	*H*	*I*	*K*	Tl.
Brought forward	3	1	0	3	0	1	0	0	1	0	9
Epidemic.											
Diphtheria	–	–	1	4	–	–	–	–	–	–	5
Enteric Fever	–	1	–	–	–	–	–	–	–	–	1
Enteritis	4	1	–	–	–	–	–	1	–	–	6
Influenza	4	1	–	1	–	–	–	–	–	–	6
Whooping Cough	5	11	10	6	3	2	1	1	2	–	41
Infancy and Old Age.											
Convulsions	7	3	3	1	–	–	–	–	2	–	16
Debility at Birth	5	1	–	–	1	–	–	2	1	–	10
Marasmus	6	9	1	2	–	2	–	–	1	–	21
Premature Birth	7	8	3	4	–	2	–	–	–	1	25
Senile Decay	25	8	15	12	1	2	–	1	3	2	69
Infective.											
Phthisis	19	5	1	2	1	1	–	–	3	1	33
Tubercular Undefined	1	1	–	1	–	2	–	–	–	–	5
Other Tubercular	4	2	1	–	–	1	–	–	–	–	8
Intemperance.											
Alcoholism	2	–	–	1	–	–	–	–	–	–	3
Parturition.											
Hæmorrhage	1	–	–	–	–	–	–	–	–	–	1
Puerpureal Fever	–	–	–	1	–	–	–	–	–	–	1
Septic.											
Pyæmia	–	1	–	–	–	–	–	–	–	–	1
Septicæmia	3	–	–	–	1	–	–	–	–	–	4
Tumour.											
Malignant	23	5	2	4	-	4	1	1	5	1	46
Violence.											
Burns	2	1	–	1	1	–	–	–	–	–	5
Choking	1	–	–	–	–	–	–	–	–	–	1
Drowning	2	3	–	–	–	–	–	–	–	–	5
Falls	2	1	1	1	–	–	–	–	1	–	6
Shooting	–	–	–	–	–	–	–	1	–	–	1
Suicide	1	–	–	–	–	–	–	–	1	–	2
Carried forward	127	63	38	44	8	17	2	7	20	5	331

PARISH LETTER:	*A*	*B*	*C*	*D*	*E*	*F*	*G*	*H*	*I*	*K*	Tl.
Brought forward	127	63	38	44	8	17	2	7	20	5	331
DISEASES OF SPECIAL ORGANS.											
Alimentary.											
Appendicitis	2	1	2	–	–	–	–	1	–	–	6
Intestines	4	–	1	–	–	2	–	–	–	–	7
Liver	4	–	1	–	–	–	–	–	–	–	5
Obstruction of Bowels	–	–	1	–	–	–	–	–	–	–	1
Peritonitis	1	–	–	1	–	–	–	–	–	–	2
Stomach	1	1	–	–	–	–	–	–	–	–	2
Circulatory.											
Apoplexy	12	5	1	3	–	1	–	–	3	2	27
Atheroma	3	–	1	1	–	–	–	–	–	1	6
Embolism	1	–	–	–	–	–	–	–	–	–	1
Gangrene	1	–	–	1	–	–	–	–	–	–	2
Heart Disease	38	7	5	10	2	4	–	1	8	5	80
Pericarditis	1	–	–	–	–	–	–	–	–	–	1
Thrombosis	2	–	–	–	–	–	–	–	–	–	2
Nervous.											
Disseminated Sclerosis	1	–	–	–	–	–	–	–	–	–	1
Epilepsy	2	–	–	–	–	–	–	–	–	–	2
Meningitis	5	–	–	–	1	–	–	–	–	–	6
Myelitis	–	1	–	–	–	–	–	–	–	–	1
Neuritis	1	–	–	–	–	–	–	–	–		1
Paralysis	6	2	–	2	–	–	–	–	–	–	10
Respiratory.											
Asthma	1	–	–	–	–	–	–	–	–	–	1
Bronchitis	16	10	4	–	1	3	1	1	4	2	42
Broncho-Pneumonia	4	–	–	3	–	1	–	–	1	–	9
Pneumonia	12	2	1	1	1	–	1	1	1	1	21
Urinary.											
Cystitis	–	–	–	1	–	–	–	–	–	–	1
Diabetes	1	–	–	–	–	–	–	–	–	1	2
Nephritis	10	1	2	3	1	1	–	–	1	1	20
Stricture	1	–	–	–	–	–	–	–	–	–	1
Totals	257	93	57	70	14	29	4	11	38	18	591
Still Births	15	3	11	13	1	2	1	–	4	1	51

Table

(INCORP. SOC.

Names of Parishes.	ST. PETER-PORT.				ST. SAMPSON'S.				THE VALE.				CASTEL.				ST. SAVIOUR'S.			
YEAR.	Population estimated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year.
Column ...	A	B	C	D	A	B	C	D	A	B	C	D	A	B	C	D	A	B	C	D
1898.........	17770	467	335	78	5177	185	78	36	4626	161	78	25	2670	87	75	14	1007	24	15	4
1899.........	17914	469	298	47	5317	177	90	30	4768	166	72	28	2717	71	62	11	1027	24	19	6
1900.........	18044	436	302	65	5452	178	62	19	4921	170	82	25	2761	70	64	11	1045	30	17	4
1901.........	18162	440	303	66	5573	166	95	31	5082	167	101	45	2802	69	64	11	1062	27	14	3
1902.........	18240	459	302	60	5622	175	83	25	5133	168	77	28	2812	65	60	10	1067	27	16	2
1903.........	18464	421	264	38	5681	200	85	26	5196	173	72	25	2846	87	55	6	1080	26	15	1
1904.........	18760	461	321	77	5773	165	87	37	5280	164	71	26	2890	104	46	9	1097	29	30	4
1905.........	18996	461	302	59	5844	180	77	17	5344	173	72	21	2914	90	62	16	1109	29	12	1
1906.........	19232	427	268	54	5915	174	64	29	5408	145	69	21	2938	93	64	12	1121	32	18	7
1907.........	19364	392	275	44	5995	160	75	26	5481	146	68	14	2960	77	74	12	1133	30	15	1
Average of 10 years to 1907.	18494	443	297	58	5634	176	79	27	5123	163	76	25	2831	81	62	11	1074	27	17	3
1908..	19622	366	257	44	6050	163	93	34	5531	144	57	16	3012	88	70	10	1141	38	14	3

III

OF M. O. H., 1900.)

Names of Parishes.	ST. PETER-IN-THE-WOOD.				TORTEVAL.				FOREST.				ST. MARTIN'S.				ST. ANDREW'S.			
YEAR.	Population estimated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths registered.	Deaths under 1 year.
Column ...	A	B	C	D	A	B	C	D	A	B	C	D	A	B	C	D	A	B	C	D
1898.........	1481	57	29	16	446	13	5	0	775	29	12	3	3002	101	48	13	1461	37	30	5
1899.........	1516	50	32	10	446	6	9	1	800	22	19	6	3073	89	45	6	1494	47	20	6
1890.........	1548	57	25	9	446	19	8	2	822	23	19	4	3140	100	39	6	1524	38	17	2
1901.........	1577	57	23	8	446	6	6	2	842	27	20	7	3201	88	46	10	1552	49	27	6
1902.........	1587	53	31	11	447	14	12	4	851	30	13	4	3226	93	43	14	1564	44	20	3
1903.........	1619	56	16	4	453	8	12	1	862	22	13	3	3265	90	38	4	1584	37	27	4
1904.........	1646	52	35	8	461	10	6	0	877	27	20	5	3317	91	51	10	1609	41	23	5
1905...... ...	1672	56	29	4	467	22	10	0	889	19	15	0	3351	86	43	10	1634	40	22	7
1906.........	1698	60	25	9	473	6	9	2	901	26	15	6	3385	107	45	13	1659	42	11	1
1907.........	1741	60	16	8	481	20	6	1	917	32	17	5	3445	97	39	8	1689	54	21	4
Average of 10 years to 1907.	1608	55	26	8	456	12	8	1	853	25	16	4	3240	94	43	9	1577	42	21	4
1908.........	1759	44	29	8	488	14	4	2	931	27	11	4	3485	78	38	8	1711	43	18	2

Table IV.

CAUSE OF, AND AGES AT DEATH, OF THE DEATHS REGISTERED DURING THE YEAR 1908.

			WHOLE ISLAND.				
CAUSE OF DEATH.	All Ages.	Under 1.	1-5.	6-15.	16-25.	26-65.	66 and upw'ds.
GENERAL DISEASES AND INJURIES.							
Diseases of the Blood.							
Gout	2	—	—	—	—	—	2
Lymphangitis	1	—	—	—	—	1	—
Mollities Ossium	1	—	—	—	—	1	—
Myxœdema	1	—	—	—	—	1	—
Purpura	1	—	1	—	—	—	—
Rachitis	1	1	—	—	—	—	—
Reynaud's Disease	1	—	—	—	—	1	—
Rheumatism	1	—	—	—	—	1	—
Epidemic.							
Diphtheria	5	1	4	—	—	—	—
Enteric Fever	1	—	—	—	—	—	1
Enteritis	6	5	1	—	—		—
Influenza	6	—	1	—	1	3	1
Whooping Cough	41	25	15	1	—	—	—
Infancy and Old Age.							
Convulsions	16	11	4	—	—	1	—
Debility at Birth	10	10	—	—	—	—	—
Marasmus	21	21	—	—	—	—	—
Premature Birth	25	25	—	—	—	—	—
* Senile Decay	69	—	—	—	—	—	69
Infective.							
Phthisis	33	—	2	4	7	20	—
Tubercular Undefined	5	—	2	1	1	1	—
Other Tubercular	8	1	3	1	2	1	—
Carried forward	255	100	33	7	11	31	73

WHOLE ISLAND.

CAUSE OF DEATH.	All Ages.	Under 1.	1-5.	6-15.	16-25.	26-65.	66 and upw'ds.
Brought forward	255	100	33	7	11	31	73
Intemperance.							
Alcoholism	3	—	—	—	—	2	1
Parturition.							
Hœmorrhage	1	—	—	—	—	1	—
Puerpureal Fever	1	—	—	—	—	1	—
Septic.							
Pyæmia	1	—	1	—	—	—	—
Septicæmia	4	1	—	1	1	1	—
Tumour.							
Malignant	46	—	—	—	—	22	24
Violence.							
Burns	5	—	2	—	1	—	2
Choking	1	—	—	—	—	1	—
Drowning	5	—	1	—	—	4	—
Falls	6	—	—	—	1	4	1
Shooting	1	—	—	—	1	—	—
Suicide	2	—	—	—	—	1	1
DISEASES OF SPECIAL ORGANS.							
Alimentary.							
Appendicitis	6	—	1	1	1	3	—
Intestines	7	1	1	—	—	2	3
Liver	5	—	—	—	—	3	2
Obstruction of Bowels	1	—	—	—	—	—	1
Peritonitis	2	—	—	—	1	1	—
Stomach	2	—	—	—	—	2	—
Circulatory.							
Apoplexy	27	—	—	—	—	4	23
Atheroma	6	—	—	—	—	1	5
Embolism	1	—	—	—	—	—	1
Carried forward	388	102	39	9	17	84	137

CAUSE OF DEATH.	WHOLE ISLAND. All Ages.	Under 1.	1-5.	6-15.	16-25.	26-65.	66 and upw'ds.
Brought forward	388	102	39	9	17	84	137
Gangrene	2	—	—	—	—	2	—
Heart Disease	80	2	2	1	2	29	44
Pericarditis	1	—	—	1	—	—	—
Thrombosis	2	—	—	—	—	1	1
Nervous.							
Disseminated Sclerosis	1	—	—	—	—	1	—
Epilepsy	2	—	—	—	—	1	1
Meningitis	6	1	2	1	1	1	—
Myelitis	1	—	—	—	—	1	—
Neuritis	1	—	—	—	1	—	—
Paralysis	10	—	—	—	—	5	5
Respiratory.							
Asthma	1	—	—	—	—	—	1
Bronchitis	42	15	4	—	—	6	17
Broncho-Pneumonia	9	6	1	—	—	1	1
Pneumonia	21	5	2	2	—	8	4
Urinary.							
Cystitis	1	—	—	—	—	1	—
Diabetes	2	—	—	—	—	1	1
Nephritis	20	—	—	—	3	6	11
Stricture	1	—	—	—	—	1	—
Totals	591	131	50	14	24	149	223

* SENILE DECAY.—Under 66, 0; between 66-80, 33; 81-90, 28; 91-100, 7; above 100, 1.—69.

MARRIAGES.

The number of marriages during the year was 267, equal to a rate of 12·2 per 1,000 persons.

Of these 171 took place in Church of England Churches, 21 in Roman Catholic, and 26 in Nonconformist Churches, and 49 at the Greffe Office.

The average number for the five preceding years was 294.

TUBERCULOSIS.

Thirty-three fatal cases of Phthisis and 13 of other Tubercular affections were recorded during the year.

During the three years 1902—1904, the average figures were 60 and 29, during 1905—1907, 45·6 and 16·6 respectively, so that there has been a steady decline in mortality during this period.

The Phthisis death rate for 1908 is ·68 per 1,000, a low figure.

The question of the notification of Phthisis has been carefully considered by the Board, and they were unanimously of opinion that to be of real service it would be necessary to secure notification in every case.

This view was not, however, accepted by the Royal Court, who decided to follow the recent law for the whole of England, which limits notification to patients of the pauper classes only; but as every year more authorities are adopting the compulsory notification clauses, I trust that it will be put in force here as soon as possible.

The law now requires that rooms which have been occupied by phthisical people should be disinfected after their death or removal; and although when death occurs I can do this without a system of compulsory notification, I am unable to follow the movements of non-fatal cases, in order to carry out the required disinfection.

I have so often urged the necessity and the success of this preventive measure that I need not again enlarge upon it.

In my report of last year I mentioned how remarkably free Guernsey Cattle had been from Tuberculosis in the past, with the exception of one herd which had apparently become infected by animals returning to Guernsey after having been exhibited in England, not in open-air show-yards, but in closed buildings. Such animals should never have been allowed to return to the Island, as the risk of their contracting Tuberculosis was manifest.

The first Ordinance relating to Bovine Tuberculosis was passed upon the assumption that only this herd was affected, a view held by the local Agricultural Society's Committee and also by Mr. Geddes, the United States cattle expert, whose knowledge of the cattle in Guernsey was such that he could speak with authority.

Of two small herds tested in the originally affected neighbourhood 75% were found to be affected and were slaughtered, and testing in other parts of the Island revealed the presence of an occasional case, which could generally be traced back more or less directly to the original source.

The cattle trade with America was but little affected, and out of 111 animals tested for export to the United States and Canada during the year, only one was found to be Tuberculous and rejected.

There was considerable opposition amongst the farmers to a more or less general testing, which was, perhaps, only natural under the circumstances. The Ordinance forbade the use of any portion of the carcase for human food, no matter how slightly the animal was affected. There was no compensation to the farmer for animals slaughtered, the Tuberculin test was viewed with suspicion, the idea being current that it caused the disease in healthy animals. Finally it was considered by many people that cattle became infected with Tuberculosis whilst grazing in fields, not when in their sheds.

How difficult it was to convince interested people of the fallacy of the two latter objections may well be imagined. The Ordinance was modified in September by a Clause allowing the unaffected meat of a Tuberculous cow to be used for human food if it were not found necessary to condemn the whole carcase; but although certain schemes for compensation had been considered by the farmers they were not then submitted to the States.

What percentage of cattle in the Island was affected with Tuberculosis could only be determined with certainty by a wholesale testing of them, a large undertaking; but in the opinion of some cattle experts, including Mr. Geddes, the declaration of an area around the original focus as an infected area in which every animal would be tested and the following up and testing of all cattle which had left it for two or three years past but were still in the Island, would have sufficed to successfully cope with the outbreak.

The lack of some form of compensation for slaughtered animals meant that testing wonld not usually be resorted to unless compulsion were applied; and unless some idea of the number of animals affected were available, it would not be possible to say whether or no the disease was capable of being stamped out in Guernsey. Mr. Geddes thinks that it could be, but every week that passes makes this more difficult of accomplishment, if not impossible, as the number of infected animals must rapidly increase by delay, and so much delay has already taken place that immediate, concerted, and drastic action is absolutely necessary.

Another difficulty to be faced is that of the disinfection of cowsheds; in some cases this can be carried out efficiently, but in others it is impossible.

Upon the dictum of Professor Koch in 1901 it was held by many authorities that Human and Bovine Tuberculosis were different diseases and that they were not intercommunicable. It is now known that this is not the case, and that the consumption of Tuberculous Milk is answerable for a large amount of Abdominal Tuberculosis, particularly in children, an amount which the statistics of many hundreds of post mortem examinations of the bodies of children dying of Tuberculosis in many hospitals agree in placing at between 25 and 30 °/o of fatal cases, without reckoning those that recover, and cases of recovery are more common than is usually thought.

Cultures taken from the mesenteric glands of a child suffering from primary intestinal Tuberculosis and injected into both calves and grown cows have produced a most virulent form of Tuberculosis, the animals dying in from 20 to 30 days, and showing marked symptoms from the day of inoculation.

What is the interpretation of this ? Either they were human Tubercle Bacilli having a virulence for cattle equal to any Bovine Bacilli, or in the mesenteric glands of children have been found Bovine Tubercle Bacilli. According to Koch's law the latter is the true explanation, and few people will differ with this opinion. The tonsils, when enlarged and unhealthy, can serve as channels of entrance as well as the intestinal tract.

In the past forty-five years there has been in England a reduction in the death rate from all forms of Tuberculosis of 27·9 °/o ; the reduction as regards Pulmonary Phthisis alone amounts to no less than 66 °/o, but the reduction from Abdominal Tuberculosis is only 3 °/o.

If we consider the first year of life when milk is most largely used as a food, not only is there no reduction in the mortality during this period, but actually the large increase of 27·7 °/o.

If children of tender age were infected with Human Bacilli only, there ought to have been a corresponding diminution in their death rate of nearer 66 °/o than 27 °/o ; as from their habits of crawling upon floors and putting things in their mouths, they are liable to be infected by human beings suffering from Pulmonary Tuberculosis rather than from any other variety of the disease.

The inference therefore is irresistible that their largely increased mortality is due to bacilli of Bovine type, and that the demand of the rapidly increasing population for milk, by causing cattle to be kept almost entirely in sheds in towns and to be more crowded in sheds in the country, while the accommodation has not kept pace with the increased numbers, has caused a great advance in the incidence of Tuberculous disease amongst them.

Since the publication of my report for 1907, I have received several enquiries from Medical Officers of Health in England as to the frequency in Guernsey of Abdominal Tuberculosis, the most common form in children.

It was argued that as Bovine Tuberculosis was so rare here this affection ought also to be rare, and in the absence of reliable statistics as regards causes of deaths registered in the past, I consulted many of the doctors practising in the Island who all agreed that they considered such cases to be of infrequent occurrence, a statement that, as far as my more limited experience goes, I entirely agree with.

That we may be able to continue to endorse these statements in the future will be the hope of everyone.

A consideration of these statistics must appeal strongly to mothers: if such a terrible mortality follows the feeding of infants with milk derived from diseased cows, ought not the nourishment of their infants by means of the natural nutriment to be considered in the light of a duty.

A Tuberculous mother, or one in ill-health, cannot suckle her child; but in a healthy woman the breast milk is free from noxious organisms, and a child will thrive on it better than on any artificial food, and escape many serious and fatal infantile ailments; and thus grow up with a good foundation for the enjoyment of vigorous health throughout life.

I would go further and make a statement which may appear to some people fantastic, but I believe that a mother who has suffered from certain illnesses, including particularly the infectious fevers, by bringing up her children on their natural food can transmit to them a degree of immunity against these diseases which the artificially nurtured child does not obtain; and it appears to me that since the practice of artificially rearing children became more prevalent, in spite of increased precautions, some illnesses have become more frequent amongst infants and young children.

The danger of eating the flesh of Tuberculous animals is not so great as that arising from the consumption of Tuberculous milk, as the bacilli are but seldom found in the muscles, and in the process of cooking many will be destroyed; sound portions of meat are, however, often contaminated in the process of cutting up, as the knife which has cut through infected glands or tissue will carry the taint to other parts.

We have also the vigilance of the Meat Inspector to guard us against the dangers of tuberculous or diseased meat, and the inspection here is a very thorough one.

Tuberculosis is a very widespread disease and is the commonest one affecting both man and animals. The organism which causes it is under some conditions easily destroyed, but under others it is very resistant. It quickly perishes if exposed to sunlight, moisture, and free circulation of air, but sunlight is its deadliest enemy.

In dark, ill-ventilated and dusty places it may retain its vitality for years. It is of course destroyed by many chemical disinfectants, but these must be applied systematically and with knowledge.

The Bacillus has no power of automatic movement; it can only multiply in the body of a susceptible animal, or under very exacting conditions in a laboratory, that is, it is parasitic: when it has taken root in the body the Tubercular focus has no blood vessels to nourish it and therefore tends to degeneration.

This property accounts for the fact that under ordinary conditions it does not exist in the blood. It only does so if the breaking down nodule ulcerates into a blood vessel; when this occurs the disease becomes disseminated throughout the body, and it is then obvious to anyone that the animal is very ill.

A strong healthy person or animal does not contract Tuberculosis if exposed to infection; the natural resistance of the body is able to overcome and destroy the bacilli; but if the vital powers be weakened by accident or disease, then the invasion may be a successful one.

Many of the symptoms of Tuberculosis are due to other organisms than the specific one, and these organisms may be the precursors of the disease as well as the companions of it.

Wild animals living under natural conditions are immune to Tuberculosis, but if placed under artificial surroundings readily acquire it.

Men who live an outdoor life, such as agricultural and quarry labourers, sailors, policemen, &c., suffer much less from it than do men who have an indoor occupation.

When we consider these facts and the life history of the Bacillus Tuberculosis we can appreciate that the disease is not contracted in the open air but in close infected places, and that one of the essential remedies for its cure must be an abundance of fresh air and as much sunlight as possible.

In summer time cattle are kept out of doors night and day; everyone admits this is best for them, but in the winter they are often herded together in dark, ill-ventilated and foul stables, the floor covered with filth, the walls and roof with cobwebs and dust, in which they are half-suffocated and poisoned with their own excretions and breath.

In one such stable in Guernsey, during a cold night in January a maximum and minimum thermometer placed in it shewed that the temperature rose to 72° F. during the night, and the men working on the farm told me they could hardly enter the shed in the morning without vomiting.

Such conditions constitute a veritable forcing house for disease, and if Tuberculosis be once introduced, it will rapidly spread.

Cattle sheds should be well-lighted and ventilated with plenty of air space, the walls and ceiling smooth so that dust cannot accumulate, and the floor impervious to moisture and capable of being thoroughly cleansed.

The animals themselves tend to keep up the temperature, and the ventilation should be so free and abundant that a temperature of 5~~0~~° F. should never 8 be exceeded. The use of the thermometer I have mentioned will be of great assistance to the farmer in regulating the amount of ventilation required. But I am afraid that there is not much danger of too abundant a supply of fresh air being given.

We have not only to consider the presence of the organism causing Tuberculosis, but also what is very important, the lowered resistance of the animal; and I cannot see any reason why cattle should not, if kept under really healthy conditions, be rendered almost entirely immune to the ravages of the disease.

Our great object in disinfecting houses is that men and women when they are ill and their vital powers weakened, should not be exposed to the malign influence of the Bacillus and thus fall victims to it; and our view in disinfecting cowsheds is identically the same.

Milk as it issues from the udder of a healthy cow is sterile and contains no organisms; but, although so nourishing a fluid, it is one prone to decompose and absorb effluvia from its surroundings. The greater care taken to ensure its absolute cleanliness the longer it keeps, and the more profitable therefore it becomes to the farmer.

When a cow is milked in a filthy and dusty stable the milk immediately becomes polluted in several ways.

Until the cow has general Tuberculosis or Tuberculous disease of the udder the milk may not contain the bacilli of the disease; but unless the amount of the disease be slight, the excreta will probably be teeming with them.

As the cow lies in its own excretions, the greatest care can often hardly suffice to clean its udder and prevent the bacilli from in this way getting into the milk.

The modern practice of artificially cooling milk as soon as possible after it is passed, greatly retards the growth of micro-organisms and makes it keep longer.

With the exception of a small amount received from Jersey, all the milk used in the Island is produced here.

We are therefore not in the position of a big town which draws from many sources far afield, its supply, which thus cannot be fresh; and where the milk is frequently mixed on the railway station platform (the dipper often placed on it) while the early morning sweeping is going on, giving the milk a final contamination.

Here in Guernsey the consumer usually receives the rich milk, for which our cattle are famous, fresh and direct from the farm, and we are entitled to get it pure and wholesome, but we shall not do so until every farmer is convinced of the paramount importance of the utmost cleanliness in every stage of its collection and distribution.

Although boiled or pasturilised milk may have some disadvantages, still it is better if it be dirty to render it sterile by boiling for five minutes or heating in a water-jacketed saucepan for ten minutes after the water boils, than to run risks by using it raw. Such processes however are a poor substitute for rigid cleanliness.

The efficacy of the Tuberculin test has been doubted in Guernsey; still it is as reliable as anything can be.

At the International Congress on Tuberculosis held at Washington in September at which delegates from every civilised country in the world were present, no speaker questioned its efficacy or safety. I think we may well be satisfied with such a statement.

KING EDWARD SANATORIUM.

Of the 118 cases notified to the Board of Health during 1908, 104 were treated at the Sanatorium, and only 14 in their own homes; of the former 6 died and of the latter 2. [6 % against 14 %.]

No less than 14 cases were admitted as "doubtful"; they were subsequently found to be suffering from German Measles, 10 cases; Influenza, 3 cases, and Pleuro-Pneumonia, 1 case.

The daily average of patients and staff was 21·6, and the average stay in the Sanatorium of the patients 33·2 days.

One result of the greatly decreased death rate of late years from infectious diseases has undoubtedly been to increase their incidence; people are in terror of a disease which has a mortality of from 20 to 50 per cent; but pay little heed to the disease when the mortality is only from 5 to 8 per cent.

Unfortunately the greater the percentage of recoveries the greater will be the number that suffer from the serious sequelœ of these fevers, a point which it seems impossible to get the public to realise.

At the end of the year 17 cases remained at the Sanatorium.

The receipts from paying patients, disinfection, and the sale of Antitoxin and Vaccine were respectively :—£31 15s. 4d., £8 0s. 5d., and £4 10s.

Table V.

CASES TREATED AT THE SANATORIUM AND AT HOME, 1908.

	St. Peter-Port.	St. Sampson's.	Vale.	Castel.	St. Saviour's.	St. Peter-in-the-Wood.	Torteval.	Forest.	St. Martin's.	St. Andrew's.	Total.
Diphtheria.											
At the Sanatorium ...	14	3	9	10	1	0	0	0	5	3	45
At Home	0	0	1	0	1	0	0	0	0	0	2
Total	14	3	10	10	2	0	0	0	5	3	47
Scarlet Fever.											
At the Sanatorium ...	6	12	15	4	0	0	0	0	3	2	42
At Home	0	0	2	9	0	0	0	0	0	0	11
Total	6	12	17	13	0	0	0	0	3	2	53
Enteric Fever.											
At the Sanatorium ...	0	1	1	1	0	0	0	0	0	0	3
At Home	0	1	0	0	0	0	0	0	0	0	1
Total	0	2	1	1	0	0	0	0	0	0	4
Doubtful Cases............	1	3	4	2	0	0	0	0	2	0	12
Measles	2	0	0	0	0	0	0	0	0	0	2
										Total...............	118

Table VI.

CLASSIFIED ACCORDING TO AGES.—1908.

	0—1	1—5	5—10	10—15	15—20	20—25	25—60 & over.	
Diphtheria	2	10	12	6	6	2	9	47
Scarlet Fever	1	13	27	10	2	0	0	53
Enteric Fever	0	0	0	1	1	1	1	4
Doubtful Cases	0	2	3	3	1	0	3	12
Measles	0	0	0	0	0	1	1	2
Total	3	25	42	20	10	4	14	118

DIPHTHERIA.

Forty-seven cases were notified during the year, of which 14 were from the Town and 33 from the Country Parishes.

The Town as usual suffered the least, and in the past seven years 222 cases have occurred in it against 424 in the Country parishes; the reasons for this distribution have been before alluded to in former reports.

The parishes of St. Peter-in-the Wood, Torteval and the Forest have been entirely free from this disease during 1908, the Vale and Castel suffering the most, with ten cases in each parish.

The value of the recent powers conferred upon me, by which I was enabled to visit schools and homes of persons suspected to be suffering from infectious diseases, was well shewn in December, in which month from reports received I was able to trace 7 infectious cases which would otherwise have been overlooked. The result was a sudden drop in the number of cases reported, instead of the sharp and continuous rise hitherto noted in December.

Table VII.

DIPHTHERIA FOR 1908.

Parishes.	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Tl.
St. Peter-Port	–	1	2	–	–	–	1	1	1	–	1	7	14
St. Sampson's	1	–	–	–	–	–	2	–	–	–	–	–	3
Vale	–	–	2	2	–	1	–	–	–	–	4	1	10
Castel	–	–	–	2	4	1	–	–	–	–	–	3	10
St. Saviour's	1	–	–	1	–	–	–	–	–	–	–	–	2
St. Peter-in-the-Wood	–	–	–	–	–	–	–	–	–	–	–	–	0
Torteval	–	–	–	–	–	–	–	–	–	–	–	–	0
Forest	–	–	–	–	–	–	–	–	–	–	–	–	0
St. Martin's	1	3	–	–	–	–	–	1	–	–	–	–	5
St. Andrew's	1	–	–	1	1	–	–	–	–	–	–	–	3
Doubtful	–	–	1	–	–	–	–	–	–	–	–	–	1
Total	4	4	5	6	5	2	3	2	1	0	5	11	48

SCARLET FEVER.

Fifty-three cases were reported during the year, 6 from St. Peter-Port, 12 from St. Sampson's, 17 from the Vale, and 13 from the Castel.

In nearly every case it was possible to trace relationship or contact as the source of infection.

In one family were five cases, in three others three each, in four others two each, occurring together or within three days of the first case.

No deaths from the disease occurred, although many of the cases were of a severe type.

An epidemic of Rötheln (German Measles) prevailed during the summer, many cases of which were difficult to distinguish from Scarlet Fever.

It is a curious fact that infectious diseases, as they come under my notice, are largely due to their prevalence in susceptible families. Whenever the infection of Scarlet Fever or Diphtheria is active, members of these families seem to contract them and to be as susceptible to the one as the other. In many cases enlarged tonsils and post-nasal growths are found, but in other cases no apparent cause can be detected.

Although the death rate from Scarlet Fever is a low one, still the after-effects of it are often serious and may cripple a child throughout its life, and 1 regard it as a disease greatly to be dreaded, for complications often follow the milder attacks, and we have at present no antitoxic serum to treat it efficiently as we have in the case of Diphtheria.

Table VIII.

SCARLET FEVER FOR 1908.

Parishes.	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Tl.
St. Peter-Port	–	2	–	–	–	–	–	–	–	–	1	3	6
St. Sampson's	2	–	–	1	–	–	–	–	–	2	–	7	12
Vale	3	–	–	–	–	–	–	–	–	2	3	9	17
Castel	–	–	–	–	1	1	2	–	–	–	–	9	13
St. Saviour's	–	–	–	–	–	–	–	–	–	–	–	–	0
St. Peter-in-the-Wood	–	–	–	–	–	–	–	–	–	–	–	–	0
Torteval	–	–	–	–	–	–	–	–	–	–	–	–	0
Forest	–	–	–	–	–	–	–	–	–	–	–	–	0
St. Martin's	1	–	–	–	–	–	–	–	–	2	–	–	3
St. Andrew's	2	–	–	–	–	–	–	–	–	–	–	–	2
Doubtful	–	–	1	1	1	4	–	1	–	–	–	–	8
Measles	–	1	–	1	–	–	–	–	–	–	–	–	2
Total	8	3	1	3	2	5	2	1	0	6	4	28	63

ENTERIC FEVER.

There were four cases of this disease notified during 1908, but three cases were removed as doubtful ones, two of which proved to be Influenza and one Pneumonia.

Two occurred in January, but there was no connection between them. One was due to eating imperfectly cleaned and cooked small flat fish, which caused severe vomiting and diarrhœa in the case of another person who also ate of them but escaped enteric. The other had been exposed to the effects of sewer gas in a closed place, but no specific pollution could be traced, this case died at home.

Two were imported, one a schoolgirl who came from Vannes, and one a sailor on a vessel hailing from Rochester.

Fortunately we get but little Enteric Fever in Guernsey; our average number of cases for the past six years has been 8·8, whilst in Jersey the number was 53·3, a much higher incidence.

In both places many of the cases are due to importations from France where the disease is very rife, and also to the consumption of oysters and mussels chiefly from the same source.

In the report for 1907 of the M.O.H. for Jersey a striking illustration of this fact is given. A person staying at Cancale, brought from there some oysters to Jersey, and at the same time sent some to friends in England.

One person in Jersey who ate them died of a violent attack of Typhoid, and of those consuming them in England, four took the disease and two died.

I have consulted a high authority on the subject in England, who entirely endorses and supplements the experience of the Jersey M.O.H., and I should like to see the importation of oysters and molluscs, small though it may be, from France entirely prohibited on account of these dangers.

Table IX.

ENTERIC FEVER FOR 1908.

Parishes.	Jan.	Feb.	Mar.	Apl.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Tl.
St. Peter-Port	–	–	–	–	–	–	–	–	–	–	–	–	0
St. Sampson's	1	–	–	–	–	–	–	1	–	–	–	–	2
Vale	1	–	–	–	–	–	–	–	–	–	–	–	1
Castel	–	–	–	–	1	–	–	–	–	–	–	–	1
St. Saviour's	–	–	–	–	–	–	–	–	–	–	–	–	0
St. Peter-in-the-Wood	–	–	–	–	–	–	–	–	–	–	–	–	0
Torteval	–	–	–	–	–	–	–	–	–	–	–	–	0
Forest	–	–	–	–	–	–	–	–	–	–	–	–	0
St. Martin's	–	–	–	–	–	–	–	–	–	–	–	–	0
St. Andrew's	–	–	–	–	–	–	–	–	–	–	–	–	0
Doubtful	1	–	1	–	–	–	–	–	1	–	–	–	3
Total	3	0	1	0	1	0	0	1	1	0	0	0	7

Table X.

DEATHS FROM NOTIFIABLE INFECTIOUS DISEASES FOR 1908.

	St. Peter-Port.	St. Sampson's.	Vale.	Castel.	St. Saviour's.	St. Peter-in-the-Wood.	Torteval.	Forest.	St. Martin's.	St. Andrew's.	Totals.
Diphtheria—											
At the Sanatorium	–	–	2	2	–	–	–	–	–	–	4
At Home	–	–	1	–	–	–	–	–	–	–	1
Total	0	0	3	2	0	0	0	0	0	0	5
Scarlet Fever—											
At the Sanatorium	–	–	–	–	–	–	–	–	–	–	0
At Home	–	–	–	–	–	–	–	–	–	–	0
Total	0	0	0	0	0	0	0	0	0	0	0
Doubtful—											
At the Sanatorium	1	–	1	–	–	–	–	–	–	–	2
At Home (Enteric)	–	1	–	–	–	–	–	–	–	–	1
Total	1	1	1	0	0	0	0	0	0	0	3

CHOLERA.

The prevalence of Cholera in Russian ports during the late summer caused these ports to be treated as infected ports under the Cholera and Plague Ordinance. As, in spite of a rigorous winter, Cholera has not disappeared from Russia, there seems to be every prospect of a very serious epidemic of this disease in the warmer months. It therefore behoves us to relax no precautions during the coming year.

WATER SUPPLY.

The protracted negotiations between the States Committee and the Guernsey Water Works Company were brought to a conclusion during the year, and will shortly be submitted to the States.

The need for a more abundant Water Supply is well known, and as 1908 has been an exceptionally dry year, with a shortage of rainfall of ten inches, and the two previous years were also dry ones, the outlook for 1909 is one of grave anxiety, particularly as the drought still continues.

Every year a larger quantity of water is required for domestic and sanitary purposes as well as for the needs of the growing industry, but the resources of the Guernsey Water Company have not kept pace with the demand.

Even if the new Concession be granted without any delay it will be two or three years before the enlarged supply will be available.

The possibility of a water famine in the summer months, with its consequent danger to health and financial loss to the community, has not been lost sight of, and schemes for the use of auxiliary supplies of water scientifically filtered and treated to meet the deficiency are now under consideration.

In some quarters there is a certain feeling that a public water supply on a large scale is associated with a risk of causing widespread attacks of disease if it become contaminated. Indeed, this has occurred in the past on several occasions in other places, but has generally been due to lack of ordinary precautions.

It has also been found that in storage reservoirs, especially if they be of adequate size, water therein stored has a remarkable power of purifying itself; indeed recent experiments (Houston) prove that under such conditions the life of the Bacillus Typhosus is not more than three days.

The principles which govern the filtration of water are also much better understood than formerly, and filtration is now known to be not only a mechanical but a biological process.

The proposed new Concession will not only provide for the chemical, but also the bacteriological analysis of the water supplied, an important matter.

DISINFECTION.

I submit a statement of the work carried out by the Sanitary Staff.

The amount of room disinfection for other than notifiable diseases, is bound in the future to increase greatly. For example, for one householder we have disinfected at different times during the year no fewer than 20 rooms, some of them very large, this outside work being paid for.

The disinfection of cow-sheds is now included amongst the responsibilities of the Board of Health.

No compensation for damaged articles has been claimed during 1908; and if the disinfecting plant was costly at the start, its efficiency is such that in economy of upkeep and reliability of working it has proved a most satisfactory investment in every respect.

Table XI.

DISINFECTING FOR 1908.

Adults and Children's Clothing	1,582
Blankets, Counterpanes and Sheets	955
Bolsters and Pillows	421
Feather Beds	97
Floor Coverings	121
Mattresses	257
Sundry Articles	858
Notifiable Rooms	110
Phthisis Rooms	44
Non-notifiable Rooms	23
Wards and Rooms at the Sanatorium	14
Cow Sheds	10
Cubicle at the Militia Huts	1
Forecastle of the Schooner *Tankerton Tower*	1
Melrose and Maresquet Schools	2
Houses visited and revisited	289

It is customary in such reports as this to give a detailed list of the sanitary improvements effected during the year under review, but as here so many different authorities are concerned I cannot well do so on this occasion. I hope to be able to do so in the future.

I believe, however, that really satisfactory progress has been made, in spite of the fact that the Building and Sanitary Laws have not yet been passed nor the recommendations of the Board of Health with regard to Cowsheds and Dairies considered by the Royal Court.

I consider that main drains are urgently required in St. Martin's and parts of the Vale and St. Sampson's parishes, but where large areas of land at or below sea level have to be drained some system of pumping and reservoirs must be adopted.

When it is necessary to shut the penstock of the Vale Road drain on account of the rising tide, if heavy rains occur during this time the low-lying districts in connection with it have sometimes been flooded with sewage, a most dangerous and disgusting condition.

I pointed this out in my report for 1904. This has also in some cases been due to branch drains laid without a proper fall; and no branch drain should be covered in until it has been inspected and passed by the States' Officials.

The Board in June received a deputation from the local branch of the British Medical Association, at which some important points were considered and fully debated with satisfactory results.

I must again allude to the question of suitable dwellings for the working classes. By no efforts of their own are they able to secure them; it must be the work either of the capitalist or the State; and in England the Housing of the Working Class Act enables the authorities to help in this matter.

No one expects anything but weeds to grow on rubbish heaps, or flowers to flourish unless care be taken with the soil in which they grow; neither can we expect healthy bodies and minds if people are herded together under impossible conditions.

There are, I believe, two local companies owning good working-class cottages which are always in demand, and at a fair rental return a good rate of interest to their owners. It is an extension of this work that is required.

Dwellings constructed in flats have many advantages, as in site and in practically every item of their construction, except the foundations, there is saving over ordinary house building, and better value for money can be given in them.

If built with a flat roof, a safe and healthy playground for children and space for drying clothes can be secured, even in town, if the chimneys be well carried up above the roof level.

In a block of such buildings there could be on the ground floor a large room heated by a range with boiler attached. The pipes from this could be carried through a small room, which might be used for drying clothes, and could also serve as a supply for baths and wash-houses. The large room might serve as a sort of social hall for the occupants of the building after working hours. If a "head man" had charge of it, the cost might be included in the rental.

The law lately passed forbidding the sale of tobacco and cigarettes to persons under the age of 16 years is a most beneficial one. How great is the damage done to young people by the abuse of cigarettes especially is clearly shewn by the following extract from the report of the Army Medical Department:—

"In the years 1906-1907 no less than 30 per cent. of the recruits examined for the Army were rejected on account of diseases of the heart," and the report continues "it is considered by many that the cigarette habit of recent years plays an important part in causing this more frequent occurrence of functional diseases of the heart. Average British recruits are on enlistment the youngest and in the poorest physical condition of those in any civilised army. Moreover they are nearly all confirmed cigarette smokers. They cannot stand work which will not injure well fed conscripts of 20 years of age. Still less can they face exercises which would do no harm to robust men."

I am unable now to deal with other matters I had hoped to mention on account of the length of this report and they must perforce be left over until next year.

As during the year my status has been altered from that of a partly-employed to a whole-time Medical Officer of Health, I have to express not only to the Board of Health but to the States of Guernsey my appreciation of the honour they have conferred upon me by this appointment, and my hope that my services, in spite of my shortcomings, may prove of increased benefit to the inhabitants of the Island.

HY. DRAPER BISHOP,
Medical Officer of Health.